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A Study to Assess the Knowledge on the Risk Factors for Suicidal Ideation and Prevention of Suicide among Adolescents at Selected Higher Secondary Schools in Krishna District, Andhra Pradesh

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Abstract: India today has a largest population of adolescents in the world. The future of India is shaped by this generation. Suicide is the third leading cause of death among 15 to 25 years old age group. Suicide is one of the crudest expressions of social phenomenon and is the act of deliberately ending one's own life. Suicide is a preventable cause of death, it becomes vital to strengthen ongoing efforts to implement effective suicide intervention. Early identification and effective management of suicidal ideation and behavior are paramount to saving lives. The objective of this study is to assess the knowledge regarding risk factors of suicidal ideation and suicide prevention among adolescents in selected higher secondary schools in Krishna District, Andhra Pradesh. Systematic random sampling method was adapted to select sample of 250 adolescents. The data collection was done through self administered structured knowledge questionnaire. Data obtained was tabulated and analyzed in terms of objectives of the study using descriptive and inferential statistics. The data showed that majority 199(79.6%) had inadequate knowledge, 49(19.6%) had moderate knowledge and 2(0.8%) had adequate knowledge with mean score value 5.0960. There was statistically significant association with their demographic variables such as gender, geographical background, education of father, medium of education, father's occupation, mother's occupation, class of study, have you heard about suicide and its prevention and if 'yes' what is the source of the information.

Keywords: knowledge, risk factors of suicide, suicide prevention, adolescents

1. Introduction

The word 'suicide' has its origin in Latin, 'sui', of one self and 'caedere', to kill; the act of intentionally destroying one's life. This word "suicide" was first used by Sir Thomas Browne an English Physician and philosopher in 1642 in his book "Releglo Media". Brent, Bridge, Johnson et al. (1996) Stated that Suicidal ideation among adolescents have a unique etiology because of developmental transitions that occur in adolescents including changes in family relationships, peer contexts and increased opportunities for alcohol and drug use. Moreover, studies suggest that suicidal behavior is associated with depression and impulsive aggression¹. The times of India on July 17th, 2017, published "Approximately half of India's 1.2 billion people are under the age of 26years, and by 2020 we are forecast to be the youngest country in the world with a medium age of 29years. Unfortunately, India has the highest suicide rate in the world among the youth standing at 3.5-5 per 100,000 people. The reason for such high number can be attributed to lack of economic, social and emotional resources. More specifically, academic pressures, work place stress, social pressures, modernization of urban centers, relationship concerns, and the breakdown of support systems"².

2. Significance of the Study

Vasu deevan mukath (2014) have stated that India's youth suicide rate is among world's highest between 30 to 40 people per 1,00,000 Indians aged 15 to 29years kill themselves. National crime records bureau (NCRB)2012, Government of India published a report stating " The southern states of Kerala (24.3) Karnataka (17.0) Andhra Pradesh (16.6) and Tamil Nadu (24.9) suicide rate (per 1 lakh) population along with Eastern state of West Bengal, Tripura and Mizoram have a suicide rate of greater than 16 per .100,000 people".³

Dr. Davinder Singh Johal and Ms Meenakshi Sharma (2016) conducted a study on relationship between suicidal ideation and life satisfaction among adolescents. Beck Scale for suicidal ideation and Multi dimensional student's life satisfaction was applied on sample of 489 adolescents from schools of Amritsar. The results showed that girls as compared to boys have scored higher on suicidal ideation where as boys have scored higher than girls on different components of life satisfaction such as family, friends and living environment.4

Afroza Begun et al. (2017) conducted a cross sectional study on prevalence of suicide ideation among adolescents and young adults in rural Bangladesh. A sample of 2416 adolescents aged 14-19 years was randomly selected and an

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adapted version of the WHO/SUPRE-MISS questionnaire was used to collect data. Data was analyzed and it was found that the life time prevalence for suicidal ideation was 5 percent among adolescents. The majority of the adolescents with suicidal ideation were females 66(52.8%), unmarried 103(82.4%) and students 92(73%). Suicidal ideation was statistically significantly associated with age, education, occupation, living with parents and house ownership. The study recommended that it is important to design and implement effective community based suicide prevention program for adolescents in Bangladesh.⁵

YoginiNath et al., (2011) conducted a study on Prevalence and social determinants of suicidal behaviors among college youth in India. The study surveyed 1,817 undergraduate college students aged 18-24 years in Ahmadabad, Gujarat with a questionnaire that assessed suicidal behaviors as well as stressful situations and life events. Results showed that life time prevalence of suicide ideation and life time suicide attempts was 11.7% and 4.0% respectively. Suicide ideation was predicted by female gender, odds ratio (OR) =1.41, 95% Confidence Interval (CI) 1.01-1.97, economic stress OR=1.17, 95% CI=1.11-1.24, stress due to life events involving religious violence in the community, OR=1.28, 95% CI=1.13-1.46. Economic stress and stressful experience of religious conflict continued to be significantly associated with lifetime suicide attempt.⁶

Manoj Kumar Sahool et al., (2018) conducted a study on Risk factors in adolescents admitted with deliberate self harm in Tata Main Hospital, Jamshedpur. Data was collected from consecutive suicide attempters up to the age of 19 years referred from medical and surgical wards over a period of 1 year. Data were collected on socio demographic data sheets and specific Performa to collect various risk factors contributing to the behavior specifically designed for the study. Data were analyzed using descriptive and inferential statistics. Results showed that majority of the suicide attempters were females of young age, lower middle income status, and urban background. Two thirds (68%) of the attempters had at least one psychiatric diagnosis. Nearly 75% of the suicide attempts were committed after a precipitating factor. The risk factors associated with suicide attempts included increased family conflicts, peer interpersonal problems, perceived humiliations and personality traits. The study concluded that the early identification and treatment of vulnerable population with risk factors for suicide across the life span will help in planning and implementing strategies for prevention.⁷

Statement of Problem

A Study to Assess The Knowledge on the Risk Factors For Suicidal Ideation and prevention of Suicide Among Adolescents At Selected Higher Secondary Schools In Krishna District, Andhra Pradesh.

Objectives of the Study

- 1) To assess the level of knowledge on risk factors of suicidal ideation and prevention of suicide among adolescents.
- 2) To find the association between the level of knowledge on risk factors of suicidal ideation and prevention of

suicide among adolescents and their selected demographic variables.

Hypothesis:

 H_1 : There will be significant association between demographic variables and the level of knowledge on risk factors of suicidal ideation and prevention of suicide among adolescents

Delimitation

- The study was limited to only adolescents studying in selected Higher Secondary Schools, Krishna District, Andhra Pradesh
- Study was delimited to Knowledge aspects of risk factors of suicidal ideation and prevention of suicide only.

3. Methodology

Research Approach and Design

The research approach was quantitative approach with descriptive design.

Variables:

Dependent Variable: Knowledge on risk factors of suicidal ideation and prevention of suicide

Independent Variable: Adolescents.

Associate Variables: Selected demographic variables.

Research Setting:-

The study was conducted at selected Higher Secondary Schools, Krishna District, Andhra Pradesh.

Population:-

The population chosen for this study was adolescents studying in selected Higher Secondary Schools, Krishna District, Andhra Pradesh

Sample:-

The sample consisted of 250 adolescents

Sampling Technique:-

Systamatic Randon sampling Technique was adopted to select the samples.

Development and Description of the tool:

Tool consisted of two parts:

Part I - Self administered structured questionnaire on socio demographic data

Part II- Consists of two sections:

Section A - Self administered structured questionnaire on risk factors of suicide

Section B- Self administered structured questionnaire on prevention of suicide

Part I – The Socio demographic variables of the study are age, gender, religion, geographical background, education of father and mother, occupation of father and mother, family type, family income per month, medium of education, present residing place, class of study, awareness and source of information on risk factors of suicidal ideation and suicide prevention.

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Part II- Consists of two sections:

Section A - Self administered structured questionnaire with 10 items to elicit knowledge on risk factors of suicide.

Section B- Self administered structured questionnaire with 20 items to elicit knowledge on suicide prevention.

Scoring key was prepared for part I by coding of the socio demographic variables. In part II the structured questionnaire consists of 30 multiple choice questions with four alternative choices to assess the knowledge on risk factors of suicide and suicide prevention. Among the four alternatives choices, one choice is right. The correct response was given the score of one (1). No mark (0) was awarded for the wrong response, totaling to maximum 30marks and minimum score 0.

To interpret the level of knowledge the score was classified as:

Inadequate knowledge $\leq 50\%$

Moderately adequate knowledge 51-75%

Adequate knowledge >75%

The content validity and reliability of the tool was established by test retest method

4. Results

The collected data was analyzed by using descriptive and inferential statistics and the results were interpreted under the following headings.

Section A: - Findings related to analysis of demographic variables of adolescents.

Section B: - Level of knowledge on risk factors of suicidal ideation and prevention of suicide

Section C: - Association of demographic variables of adolescents and level of knowledge on risk factors of suicidal ideation and prevention of suicide.

Section A: Findings related to analysis of demographic variables of Adolescents.

Table 1: Frequency and Percentage distribution of demographic variables of Adolescents

N=250

a	n=230	Б	D .
S.	Demographic Variables	1 2	Percentage
No		(F)	(%)
1	Age in Years		
	a. 16	70	28
	b. 17	140	56
	c. 18	31	12.4
	d. 19	9	3.6
2.	Gender		
	a. Male	65	26
	b. Female	185	74
3.	Religion		
	a. Hindu	149	59.6
	b. Muslim	23	9.2
	c. Christian	76	30.4
	d. Others	2	0.8
4.	Geographical back ground		
	a. Urban	23	9.2
	b. Semi urban	100	40
	c. Rural	127	50.8
5.	Family income in rupees per month		
	a. < 5000/-	130	52
	b. 5001-10,000/-	68	27.2

- / -	0.20 3311 (2013). 7.383		
(c. 10,001-15,000/-	27	10.8
-	d. 15,001-20,000/-	12	4.8
6	e. Above 20,000/-	13	5.2
6.]	Education of Father		
	a. Illiterate	92	36.8
ī	b. Primary School	97	38.8
	c. High School	28	11.2
	d. Graduate and above	33	13.2
	Education of Mother		
	e. Illiterate	99	39.6
1	f. Primary School	111	44.4
	g. High School	26	10.4
-	h. Graduate and above	14	5.6
	Medium of Education		0.0
	a. English	153	61.2
-	b. Telugu	97	38.8
	Father's Occupation	71	50.0
	a. Unemployed	17	6.83.6
	b. Laborer	155	62
	c. Private employee	29	11.6
	d. Government employee	9	3.6
	e. Business	40	16
	Class of study	40	10
	a. Junior Intermediate	97	38.8
	b. Senior Intermediate	153	61.2
	Mother's Occupation	155	01.2
	f. Home Maker	117	46.8
F	÷ 1	106	40.8
	g. Laborer h. Private employee	100	6
	i. Government employee	4	1.6
	. Business	8	3.2
J	Type of family	0	5.2
	a. Nuclear	184	73.6
-	b. Joint	60	24
	c. Extended	6	2.4
		0	2.4
	You are presently residing a. Alone	0	3.2
_	a. Alone b. In hostel	8 34	
_			13.6
_	c. With parents	204	81.6
	d. With relatives	4	1.6
	Have you heard about suicde and		
-	i ts prevention a. Yes	101	40.4
_		101	
	b. No	149	59.6
	If 'Yes' What is the source of the		
-	information	140	50.6
_	a. Not heard	149	59.6
-	b. Mass Media	50	20
_	c. Health Professional	5	2
-	d. Friends & Relatives	33	13.2
	e. Others	13	5.2

Section B: - Level of knowledge on risk factors of suicidal ideation and prevention of suicide

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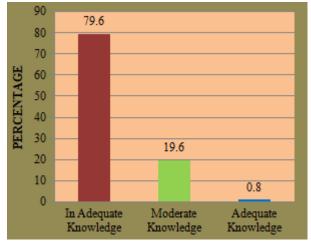


Figure 1: Percentage distribution of adolescents according to level of knowledge on risk factors of suicidal ideation and prevention of suicide

Data revealed that, majority 199(79.6%) had inadequate knowledge, 49(19.6%) had moderate knowledge and 2(0.8%) had adequate knowledge. The mean score value was 5.0960 with standard deviation 1.70010 and standard mean error was 0.10752

Section D: - Association of demographic variables of adolescents and level of knowledge on risk factors of suicidal ideation and prevention of suicide

There was statistically significant association (p<0.05) between the gender, geographical back ground, education of father, medium of education, mother's occupation, class of study, father's occupation, have you heard about suicide and its prevention and if 'yes' what is the source of information and level of knowledge on risk factors of suicidal ideation and prevention of suicide.

5. Conclusion

- The findings of the study revealed that majority of adolescents 199(79.6%) had inadequate knowledge, 49(19.6%) had moderate knowledge and 2(0.8%) had adequate knowledge regarding risk factors of suicidal ideation and prevention of suicide.
- There was significant association between the demographic variables and level of knowledge regarding risk factors of suicidal ideation and prevention of suicide.

6. Recommendations

The following recommendations were made based on the results of the study.

- 1) A study can be conducted to various age groups, non nursing professionals, nursing students, employees in different settings.
- 2) A similar study can be conducted to on larger samples in other districts.

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